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Substitute for Form PTO-875								10	16404	437
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE		RATE	FEE		
	IC FEE CFR 1.16(a))	121	21				\$	OR	Base	BO
	AL CLAIMS CFR 1.16(c))	21	minus 20	<u> </u>		x \$=	·	OR	x \$18=	18
INDEPENDENT CLAIMS (37 CFR 1.16(b))		ns 2	3 minus 3 = +			x \$=		OR	x \$ \(\frac{\x}{2} \) =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR	280	
					<u> </u>		1	TOTAL &	760	
II u		olumn 1 is less tha			TOTAL	L	OR	TOTAL	140.1	
CLAIMS AS AMENDED - PART II										
		(Column 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	OR -		R THAN ENTITY
NT A	5/7/7	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	. 20	Minus	"21	= ./	× \$=	,	OR	× \$ =	
ENDM	Independent (37 CFR 1.16(b))	. 2	Minus	··· 3	=/	x \$=		OR	x \$ =	
AMEI		ATION OF MULTIPL	E DEDENDE	INT CLAIM (37 CF	P 1 16(d))			1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						= TOTAL		OR	+ \$ = / TOTAL	
						ADD'L FEE	L	OR	ADD'L FEE	
		(Column 1) CLAIMS	rr	(Column 2) HIGHEST	(Column 3)			1		
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
IEN	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	× \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ 5 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			J		
()		CLAIMS	[(Column 2) HIGHEST				1		
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
AMENDA	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	X \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ s =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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